

Preventive Health and Health Services Block Grant Meeting Minutes

Time: Monday, March 23 2015 12:00-1:00

Location: Yoho Board Room, 3rd floor, ISDH

Called by: Katie Hokanson, PI, PHBG

I. Attendees

Katie Hokanson, PI/Designated Chair, PHHSBG, Director, ISDH Trauma and Injury Prevention	Helen Schwartzel, Administrative Assistant, ISDH Office of Public Health and Performance Management
Ann Alley, Director, ISDH Chronic Disease, Primary & Rural Health	Sarah Burkholder, Director, ISDH TB/Refugee Program
Carolyn Snyder*, Executive Director, Indiana Association of School Nurses	Gretchen Martin, Director, ISDH Child Fatality Review
Ibrahim Dandakoye, Refugee Health Coordinator, ISDH TB/Refugee Program	Jessica Skiba, Injury Prevention Epidemiologist, ISDH Division of Trauma and Injury Prevention
Kayleigh Dye*, Performance Improvement Manager, ISDH Office of Public Health and Performance Management	Jay Brainard*, Assistant Chief/Director of EMS Operations, Wabash Fire Department
Matt Kaag, Data Analyst/SAS, ISDH Data Analysis Team/ERC	Sharon Langlotz, Assistant Division Director, Indiana Criminal Justice Institute (ICJI) Victim Services
Melissa McMann, Grants Manager, ISDH Office of Finance	Danielle Patterson*, Government Relations Director, American Heart Association

*Attended via conference call

Absent: Dr. Jennifer Walthall, Art Logsdon, Craig Moorman, Pan Pontones, George Jones, Krista Click, Carol Rogers, Michelle Sandoval, Linda Stemnock

Please note: Due to Dr. Jennifer Walthall's absence, she appointed Katie Hokanson as the chair of this meeting.

II. Agenda Topics

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1. Update on Fiscal Year 2014 Programs

a. Chronic Disease – Ann Alley

- i. Continue work with 5 community based coalitions for cancer, asthma, diabetes etc. through Indiana Public Health Association.
 1. Danielle Patterson echoed the great work of the coalitions.
- ii. Working on medication management through Purdue University School of Pharmacy. Purdue has a program in place; ISDH would like to provide education component.
- iii. Matt Kaag position—BRFSS—working on SAS tutorial
- iv. Complex care management coordination for chronic diseases in community health centers.
- v. IU Institute for Disability and Community....continuing work on data regarding gaps in surveillance system. Summit this summer.
- vi. IU School of Medicine—working on screening 3 year old for autism rather than 5 year olds. Sites in Lafayette and Evansville
- vii. Community based managed services provided by EMS staff; working with Parkview Hospital, Fort Wayne [community paramedicine pilot project].

b. Epidemiology Resource Center – Pam Pontones / Linda Stemnock

- i. Funding Michelle Sandoval (CDC Direct Assistance).
- ii. Funding Leadership at all Levels – leadership development class at ISDH.

c. Injury Prevention – Katie Hokanson / Jessica Skiba

- i. Funding director (Katie Hokanson) and injury prevention epidemiologist (Jessica Skiba) FTEs.
- ii. Building capacity for Violence & Injury Prevention Program through new grant received from CDC – National Violent Death Reporting System (NVDRS).
- iii. Building surveillance system through expanding data collected in the EMS registry.

d. Child Fatality Review – Gretchen Martin

- i. State wide trainings (5) for SUDI for first responders (fire, police, EMS, etc)
- ii. Provide dolls for scene recreation to enable more accurate cause of death of a child.
- iii. A statewide summit is being planned for summer to build capacity and consistent messaging.

e. TB/Refugee – Sarah Burkholder

- i. Developing web-based application for case management.

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- ii. Assisting local health departments in providing consistent information via electronic submission of TB cases.
 - f. Food Protection – Krista Click / George Jones
 - i. Work that is currently being completed by Eli Shebanov - a contractor working as the analyst and developer dedicated to improving CodePal. CodePal is the electronic inspection and activity reporting system and database used by the Indiana State Department of Health Food Protection Program and several local health departments. This system is critical in collecting and enabling the reporting and study of food protection information throughout the state. Currently there is not a state-wide system for this information. This position funded by the Block Grant aids in bringing local health departments onto CodePal. In addition, important work is being done to develop a system, DynaSync, for sharing information. For those local health departments that already have electronic systems for their food protection programs, DynaSync will enable their information to be uploaded to CodePal to create that state-wide network of food protection information.
 - g. Office of Public Health & Performance Management (OPHPM) – Kayleigh Dye
 - i. Continuing to develop the Indiana INDicators website.
 - ii. Agency QI and Lean Six Sigma Training targeting public health workforce development.
 - iii. 2 new staff members getting ready to start with the OPHPM (Workforce Development Coordinator and Accreditation Coordinator).
 - h. Sexual Assault Services (ICJI) – Sharon Langlotz
 - i. Continue to provide funding to entities who are serving victims of sexual assault
 - ii. Working on defining and coordinating services with other providers.
2. Discussion of Fiscal Year 2015 Programs
- a. Each program needs to have two plans: 1) Plan A – same funding as last year and 2) Plan B – funding cuts
 - i. Chronic Disease
 - 1. Plan A:
 - a. Expand community based managed services provided by EMS staff; working with Parkview Hospital, Fort Wayne [community paramedicine pilot project].

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- i. Jay Brainard asked to be included in any expansion efforts.
 - b. Continue work with 5 community based coalitions for cancer, asthma, diabetes etc. through Indiana Public Health Association.
 - c. Work on medication management through Purdue University School of Pharmacy. Purdue has a program in place; ISDH would like to provide education component.
 - d. Matt Kaag position—BRFSS—working on SASS tutorial
 - e. Complex care management coordination for chronic diseases in community health centers.
 - f. IU Institute for Disability and Community....continuing work on data regarding gaps in surveillance system. Summit this summer.
 - g. IU School of Medicine—working on screening 3 year old for autism rather than 5 year olds. Sites in Lafayette and Evansville
2. Plan B:
 - a. Cut IU School of Medicine—working on screening 3 year old for autism rather than 5 year olds. Sites in Lafayette and Evansville
 - b. Cut work on medication management through Purdue University School of Pharmacy. Purdue has a program in place; ISDH would like to provide education component.
- ii. Injury Prevention
 1. Plan A is to continue with current activities and expanding capacity of Violence and Injury Prevention Program.
 2. Plan B is to cut surveillance system and change focus of FTEs.
- iii. Epidemiology Resource Center
 1. Plan A is that we would continue funding our current activities for Michelle [CDC Direct Assistance] and Leadership at All Levels.
 2. Plan B is that we would drop funding for Leadership at All Levels from this grant and see what other federal funding sources exist to support Michelle.
- iv. Child Fatality Review
 1. Plan A is to continue capacity building with Child Fatality Review Teams.
 2. Plan B is to collaborate with division of Trauma and Injury Prevention to combine resources to save costs.

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v. TB/Refugee

1. Plan A is to work with refugee programs to evaluate mental illness and make recommendations by hiring a mental health coordinator.
2. Plan B is to continue to focus on treatment for latent TB.

vi. Food Protection

1. Plan A is to continue the work currently being completed by Eli Shebanov - a contractor working as the analyst and developer dedicated to improving CodePal.
2. Plan B is for the ISDH Food Protection Program to pursue obtaining funding from other federal funding opportunities. While this is a possibility, it will mean the sacrifice of other project work, such as the implementation of national program standards.

vii. Public Health & Performance Management

1. Plan A:
 - a. Expand Indiana Indicators website.
 - b. Expand IN-TRAIN.
 - c. Agency QI Trainings.
2. Plan B:
 - a. Utilize current ISDH staff to pick up QI trainings.

viii. Sexual Assault Services (ICJI)

1. Plan A is to continue to work on prevention and not duplicating services being provided by other service agencies.
2. Plan B is to have fewer sub-grantees.

3. Additional Discussion / Questions / Concerns

- a. Katie Hokanson had a Preventive Health Block Grant Coordinator's Call on March 19th. Be prepared for a funding announcement soon so that we can start working on FY15 work plan.

V. Next Meeting: Scheduling after funding is announced (TBD).